

AMUSEMENTS

6 Attachment 1

City of Biddeford

Appendix A
Special Event Application

City of Biddeford
P.O. Box 586
Biddeford, ME 04005

Name of Event _____ Location of Event _____

Start Time _____ Finish Time _____

Description of Event _____

Estimated No. of Participants _____ Estimated Attendance _____

Type of Event:

- Festival/Fair
- Race/Walk/Bike Ride
- Concert
- Parade/March
- Other – Please clarify

If held in the past – Is this event changing this year? If so, how?

What impact will this have upon the surrounding neighborhood? (Noise, Traffic, etc.) Please explain:

Describe the means by which the neighborhood (residents and businesses) will be notified of this event and its public hearing:

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Organization Information

Name of Organization _____

Address _____

Business Telephone _____ Fax _____ E-mail _____

Contact Person/Event Coordinator

Name and Address _____

Telephone _____ Cellular _____ E-Mail _____

Relation to above organization _____

**General Service Questions
Department of Public Works**

Is the use of barricades necessary/requested for this event? _____ If yes, number needed _____

Will it be necessary to cover street and/or parking signs for this event? _____ If yes, please note on diagram.

What is your plan for cleanup and debris disposal for this event? _____

Is any other Public Works assistance anticipated? _____

Parks and Recreation Department

Will this event take place in a City Park or athletic field? _____ If yes, where _____

Will tenting/staging be utilized for this event? _____ If yes, what is your plan to repair any damage caused by stakes, tie-downs, etc? _____

Any Parks and Recreation assistance required? _____

Fire Department

Will the Fire Department have access to all sites in the event of an emergency? _____

Will any fire hydrants be obstructed? _____ Will you have access to E 9-1-1? _____

Will you have First Aid or medical staff present? _____

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Police Department

Is traffic control necessary for this event? _____ If yes, who will provide it?

Is crowd control necessary for this event? _____ If yes, who will provide it?

Other

All vendors must obtain proper licenses/permits from the City Clerk's office (284-9307).

Indemnification agreement/insurance certificate must be attached to this application at the time of submission. Site plan sketch may be accompanied by a separate map, if necessary.

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SITE PLAN SKETCH OF SPECIAL EVENT (Completed by Event Coordinator)

In the space below, please provide the following information. Attach a separate map if necessary.

General Map of Location
Street Closures/Parking Information
Garbage Cans
Tents/Stages/Grandstands
Loudspeakers

Vender Locations
Event Coordinator's Booth
Water/Electricity Sources
Water Sources
Rest Facilities



Applicant's Statement of Agreement

Everything I have stated on this agreement is correct to the best of my knowledge. This permit, if granted, is not transferable and is revocable at any time at the discretion of the City of Biddeford. I understand that the issuance of this permit is contingent upon compliance with any and all conditions imposed by the City of Biddeford or its officers.

Applicant Signature: _____ Date _____